

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-3701
 www.iowa.gov/ethics

**FORM-GBG**

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI	
Name of Department or Office 1800 N 16th Street	Clarinda, IA 51632
Mailing Address 712-542-2161	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above) 712-542-2161 Ext 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Traci Wood	
Name	
Mailing Address	Clarinda, IA 51632
City, State, Zip Code	
Area Code & Telephone Number	
Email Address (optional)	

5/09	\$ 20.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Movies

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Sue Rehwaldt Hays, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

5/14/09

Date

Revised 06/05

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI	
Name of Department or Office 1800 N 16th Street	Clarinda, IA 51632
Mailing Address 712-542-2161	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above) 712-542-2161 Ext 2317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Della Calhoon	
Name	
Mailing Address	Clarinda, IA 51632 City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

5/09	\$ 15.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Craft supplies for residents

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, **Sue Rehwaldt Hays**, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

5/14/09

Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI

Name of Department or Office

1800 N 16th Street

Clarinda, IA 51632

Mailing Address

712-542-2161

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Suc Rehwaldt Hays

Name

Mailing Address (if different from above)

Suc.RehwaldtHays@iowa.gov

City, State, Zip (if different from above)

712-542-2161 Ext 3317

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Elise Berndt

Name

Clarinda, IA 51632

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/09

\$ 40.00

Date of Gift, Bequest, or Grant

Amount/Value

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Craft supplies for residents

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Suc Rehwaldt Hays, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

5/14/09

Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI

Name of Department or Office
1800 N 16th StMailing Address
712-542-2161

Clarinda, IA 51632

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)

Sue.RehwaldtHays@iowa.gov

City, State, Zip (if different from above)

712-542-2161 Ext 3317

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Tornholm Family

Name

Clarinda, IA 51632

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/21/09

\$55.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Cash donation to the Forgotten Patient Fund

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Sue Rehwaldt Hays, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/13/10

Date